

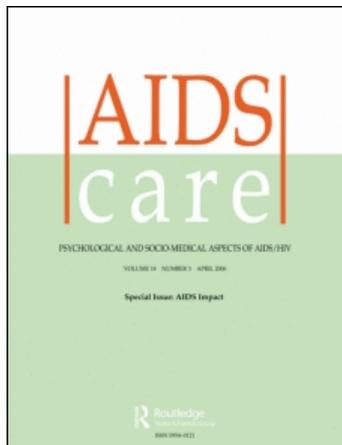
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Women in contact with Sydney's gay and lesbian community: sexual identity, practice and HIV risks

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Abstract *Total rates are low, but sex with a man remains the main risk for HIV transmission to women in Australia. In February 1998, 774 women in contact with gay, bisexual and lesbian communities completed a two-page questionnaire. Almost all respondents had some social contact with gay men. Two-thirds (503) thought of themselves as lesbian/dyke/homosexual/gay, 13% (100) as bisexual and 17% (133) as heterosexual/straight. In total, 212 women (27%) said they had ever had sex with a gay or bisexual man; 51 women (7%) had done so in the past six months. About 2% of the lesbians said they had recently had sex with a gay/bi man, as had 8% of the heterosexuals and 25% of the bisexuals; 25 women had recently had unprotected vaginal or anal intercourse with a male gay/bi partner. Forty-eight women (6%) had done sex work. Asked about drug use, 61 women (8%) said they had injected in the past six months. Twenty-three women had shared injecting equipment with someone, and five had shared with a gay/bi man. Compared with other women, these women have high rates of injecting drug use. If they have sex with men, these men are more likely to be gay or bisexual than are the male sexual partners of women moving in largely heterosexual milieux. For a case of so-called 'heterosexual' transmission of HIV to occur, neither person need be heterosexual.*

Introduction

At the start of the HIV/AIDS epidemic, considerable attention was paid to the risk of women becoming infected and the spread of HIV from gay men to the 'general community'. Early fears about the infectivity of HIV and spread via bisexual men have now largely been calmed in Australia, as the infection rates among women have remained low compared with those among men. Nonetheless, sex with a man remains the main risk for HIV transmission to women. During 1997, 74 women were newly diagnosed with HIV infection in Australia, 58 of them through heterosexual contact and seven through injecting drug use (National Centre in HIV Epidemiology and Clinical Research (NCHECR), 1998a).

This survey was carried out in 1998 after a pilot study in 1996 (Richters *et al.*, 1998). It was initiated in order to provide data on HIV risk behaviour to inform two programmes running at the AIDS Council of New South Wales, the Gay and Lesbian Injecting Drug Use Project and the Women Partners of Bisexual Men Project. Both these programmes were accessed by women connected to Sydney's gay and lesbian communities. Some of these

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women reported having sexual contact and/or injecting drugs with gay or bisexual men. This survey measured the prevalence of such behaviours among a convenience sample of women in contact with Sydney's gay and lesbian communities.

Methods

A two-page self-complete questionnaire was developed on the model of that used for the Sydney Gay Community Periodic Survey (Prestage *et al.*, 1996) and improved after the pilot in 1996. It asked about social contact with gay men, sexual identity, HIV-related risk behaviours including drug use and sex with gay or bisexual men, and also sex with women and heterosexual men. Women who reported being in a regular relationship with a gay or bisexual man were asked about their partner's HIV status and their agreements about his having sex with men. Some demographic data (age, education, employment, occupation and ethnic affiliation) were also sought.

In February–March 1998, the questionnaire was distributed to women attending the Gay and Lesbian Mardi Gras Fair Day in Sydney and at several other gay/lesbian community events, venues and health services. Social events/venues included a women's sauna party, pubs and clubs and a social-cum-sporting venue. Community groups included organizations for sex workers, transgender people, bisexual men and women, and women partners of gay/bisexual men. Clinics included a private primary care and STD/HIV practice, a public primary care facility for sex workers and homeless youth, and a stand-alone needle-and-syringe exchange point.

The analysis presented here is primarily descriptive, with cross-tabs and *t*-tests to confirm significant differences between sub-groups where appropriate. The majority of respondents took part in the survey at Fair Day, on a very hot day. The non-answer rate for some questions was high, especially those requiring writing rather than simply ticking a box. Many respondents simply left a question blank when it did not apply to them, rather than ticking the 'no' response. For this reason, percentages have generally been calculated in this report on the total sample, not on the question-specific response rate, which would have inflated the 'yes' percentages. Readers can take the 'yes' percentages given as lower-bound estimates and judge for themselves whether to interpret the missing people as likely to be similar to the respondents or likely to mean 'no' or 'not applicable'. Where the non-answer rate was low and the difference between the valid and total percentages was less than 1%, results are generally given without comment on missing responses.

P-values were calculated using Pearson's chi-square statistic or Fisher's exact test where appropriate.

Results

Recruitment and sample characteristics

At Mardi Gras Fair Day, 554 women completed the survey; a further 220 were recruited at the other venues and clinics, giving a total of 774 responses. Of the total 774 respondents, 96% said that at least a few of their friends were gay men. In the past six months, 68% had attended a gay bar, 65% had attended a lesbian bar and 49% had attended a gay/lesbian dance party. The great majority had at least some social contact with gay men: 88% had more than a few gay male friends or had attended a gay bar or dance party.

Fifty-nine per cent of the women (455/774; 41 did not answer the question) lived in inner or eastern Sydney, the areas generally associated with 'gay Sydney'. This area includes only 18.7% of Sydney's total population of women aged 15 or over (1996 census at www.abs.gov.au). Thirteen per cent lived outside Sydney.

Twenty respondents indicated that they were transgender. The trannies represented less than 3% of the group as a whole. (The term 'trannies' is often used by Sydney transgender people of themselves, sometimes spelt 'transys'. It has the advantage of avoiding any political difficulties with the distinction between transsexual and transgender.) More than half (12) of them were recruited from groups or clinics. The trannies differed significantly from the other women on only a few variables, which are noted below where appropriate.

The age range was 15 to 60 years and the median age was 30 (27 people did not answer the question). This was a well-educated sample: 64% had post-school qualifications. (For comparison, only 31.5% of Australian women aged 15 or over had qualifications in 1996 (ABS, 1996).) Of those who answered the question on employment ($n = 746$), 63% were employed full time, 13% were employed only part time, 13% were students (some of whom were also employed) and 5% were unemployed. Nine per cent had dependent children: 15% of the straight/heterosexual women (see below) and 7% of the lesbian women.

The question on ethnicity (Table 1) had a high rate of missing answers—13%. Ten per cent of Sydney's population was born in eastern Asia, so the study sample contains fewer Asian Australians than would be expected if it were similar to the total Sydney population.

Sexual identity and preference

The questionnaire asked, 'Do you think of yourself as: Lesbian/dyke/homosexual/gay, Bisexual, Heterosexual/straight, Other (please specify)'. This response is termed 'sexual identity' here. Throughout this report, when women are referred to as lesbian, bisexual, etc., it is this self-description that is being used. Two-thirds of the women (503) described themselves as lesbian/dyke/etc. About one in six identified as heterosexual/straight (133) and one in eight as bisexual (100). Twenty-seven women used some other term to describe themselves, such as 'queer' (8); many of them resisted categorization, writing 'myself', 'sexual', 'try anything' or 'in transition'. Those who ticked either lesbian, bisexual or heterosexual and also added a comment (13 respondents) most commonly added 'queer' (5). Eleven women did not answer the question. Transgender respondents were much more likely to choose the 'other' response and less likely to identify as lesbian. Younger women were more likely than older women to identify as bisexual and less likely to identify as lesbian.

Sexual partners and practices

Respondents were asked whether they had had sex with gay or bisexual men, with heterosexual men and with women. Results are shown in Tables 2–4.

Two hundred and twelve women (27%) had had sex with a gay or bisexual man, and 51 (7% of the total group) had done so in the past six months (Table 2); eight of the 51 were trannies. Twenty women had had sex with more than one gay or bisexual man. All four of the respondents who had had six or more gay/bi male partners in the past six months were trannies. Nine lesbians (1.8%) reported that they had recently had sex with a gay or bisexual man, as did ten (7.5%) of the heterosexual women. This was much more common among the bisexual women, of whom 25% had had sex with one or more gay or bisexual men in the past six months ($p < 0.001$).

Five hundred and fifty-eight women (72%) had had sex with one or more heterosexual men, and 181 of them (23% of the total) had done so in the past six months (Table 3). Five of the 75 women who had had with more than one heterosexual male partner in the past six months were trannies. Fifteen women (one of whom was a transie) had had more than ten such partners. Twelve of these women had done sex work in the past six months.

Table 1. *Reported ethnicity of respondents*

Ethnic group	<i>n</i> (%)
Anglo-Australian ^a	557 (72.0)
Aboriginal	8 (1.0)
European ^b	60 (7.8)
Asian	11 (1.4)
Other	36 (4.7)
Not answered	102 (13.2)
Total	774 (100.0)

^a Including UK and Irish/Scottish/Celtic; ^b Including Middle Eastern.

Table 2. *When respondents last had sex with a gay or bisexual man, by sexual identity*

	Lesbian <i>n</i> (%)	Bisexual <i>n</i> (%)	Heterosexual <i>n</i> (%)	Other/NA <i>n</i> (%)	Total <i>n</i> (%)
Never	388 (77.1)	44 (44.0)	89 (66.9)	19 (50.0)	540 (69.8)
Over 6 months ago	92 (18.3)	30 (30.0)	31 (23.3)	8 (21.1)	161 (20.8)
In the past 6 months	9 (1.8)	25 (25.0)	10 (7.5)	7 (18.4)	51 (6.6)
Not answered	14 (2.8)	1 (1.0)	3 (2.3)	4 (10.5)	22 (2.8)
Total	503 (100)	100 (100)	133 (100)	38 (100)	774 (100)

Table 3. *When respondents last had sex with a straight or heterosexual man, by sexual identity*

	Lesbian <i>n</i> (%)	Bisexual <i>n</i> (%)	Heterosexual <i>n</i> (%)	Other/NA <i>n</i> (%)	Total <i>n</i> (%)
Never	163 (32.4)	8 (8.0)	10 (7.5)	10 (26.3)	191 (24.7)
Over 6 months ago	304 (60.4)	37 (37.0)	22 (16.5)	14 (36.8)	377 (48.7)
In the past 6 months	18 (3.6)	54 (54.0)	99 (74.4)	10 (26.3)	181 (23.4)
Not answered	18 (3.6)	1 (1.0)	2 (1.5)	4 (10.5)	25 (3.2)
Total	503 (100)	100 (100)	133 (100)	38 (100)	774 (100)

Of the lesbian women, 4% had had sex with at least one heterosexual man in the past six months, as had 54% of the bisexual women and 74% of the heterosexual women. Note that the proportion of lesbians who had sex with a heterosexual man was not fully accounted for by sex work, as only six of the 18 lesbian women who had had sex with a heterosexual man reported having done sex work in the past six months (see below).

Results were also combined to show women’s experience of sex with men in general, whatever the men’s sexual identity/orientation. Of the 503 lesbians, 331 (66%) had ever had sex with a man, as had 93% of the bisexuals and 92% of the heterosexual women.

Six hundred and twenty-one women (80%) reported that they had ever had sex with a woman, and 519 (67%) had done so in the past six months. (Seventeen women did not answer the question.) Of those who had had sex with a woman in the past six months, 388 (75%) had one partner and 114 (24%) had two or more. Only three women had more than ten partners. The great majority of the lesbians (434; 86%) reported having recently had sex with at least one woman, as did 59 (59%) of the bisexual women, 23 (61%) of the ‘other’ women and three (2%) of the heterosexual women.

Respondents were asked whether they were currently in a sexual relationship with a regular partner. Fifty-four per cent were in a relationship with a woman, 15 per cent with a man and 1% with both; 30% were not in a regular relationship. Asked whether they currently

Table 4. *When respondents last had sex with a woman, by sexual identity*

	Lesbian <i>n</i> (%)	Bisexual <i>n</i> (%)	Heterosexual <i>n</i> (%)	Other/NA <i>n</i> (%)	Total <i>n</i> (%)
Never	12 (2.2)	8 (8.0)	108 (81.2)	8 (21.1)	136 (17.6)
Over 6 months ago	49 (8.9)	29 (29.0)	21 (15.8)	3 (7.9)	102 (13.2)
In the past 6 months	434 (79.1)	59 (59.0)	3 (2.3)	23 (60.5)	519 (67.1)
Not answered	8 (1.5)	4 (4.0)	1 (0.8)	4 (10.5)	17 (2.2)
Total	503 (100)	100 (100)	133 (100)	38 (100)	774 (100)

have casual sex; 25% said they did so. Of those not in a regular relationship, 42% were having casual sex. Only 16% (82/527) of those in regular relationships said they also had casual sex.

Sixteen women said that their regular male partner was bisexual; none described their regular partner as gay. These 16 women (none of whom were trannies) were asked about the HIV status of their male partner and whether they had an agreement about sex outside the relationship; 12 of the men were reported to be negative and two were of unknown status or untested. Two women did not answer the question. Of these four women whose bisexual male partner's HIV status was not stated to be negative, three had had unprotected vaginal and/or anal intercourse with that partner.

Eleven women indicated that they had a clear agreement with their regular partner about his having sex with men; for eight of these women the agreement was that he must always use condoms for anal sex with men and for the other three that he have no (anal) sex with men. All of the three women who said they had no agreement had had unprotected vaginal intercourse with their regular partner.

Of the 51 women who had sex with a gay or bi man in the past six months, 25 had had unprotected vaginal or anal intercourse (UVAI) with a regular or casual partner. Of these 25 respondents, 13 had UVAI with a casual partner. Of the 12 who had UVAI only with a regular partner, eight had clear agreements that the partner should have no sex with men or always use condoms for anal sex. For the other four, it is unclear whether they are at risk of sexually transmitted diseases from their partners' other activities. These women—17 in all—seem to be relying, without explicit negotiation, on the men's safe practice with other men for their own protection.

Twenty-five women (3% of the whole sample) said that they had had group sex involving a gay/bi man in the past six months. Thirteen of these women were among the 51 who reported having had sex with a gay/bi man. Those who had had group sex were more likely than other women to be bisexual ($p < 0.001$), to have done sex work ($p < 0.001$) and to have injected drugs ($p = 0.001$), indicating the probable presence of a sub-cultural pattern of behaviour. A similar sub-cultural pattern in gay men is related to higher risks of HIV seroconversion. However, among these women there was no correlation between having had group sex and having had unprotected vaginal or anal intercourse with a casual male partner. It is hard to tell to what degree group sex exposes women to risk, as group sex is often part of a scene such as bondage and discipline, where body fluids are unlikely to be exchanged. For example, one woman responded to the questions about casual sex with gay or bi men but ticked 'never' for all the sexual practices listed (fellatio with ejaculation, vaginal and anal sex with or without a condom) and added 'It was SM sex—it contained no genital play'.

Women were also asked whether they had had sex with a gay/bi man while under the influence of drugs other than alcohol; half (25) indicated that they had done so. The most commonly reported drugs were marijuana (10), speed (7) and cocaine (6).

Injecting drug use

Asked whether they had injected drugs in the past six months, 61 women (8%) said yes. Of the 220 respondents from the clinics and community venues, 32 (14.5%) had injected (eight women did not answer the question). Of the 554 Mardi Gras Fair Day respondents, 29 (5.2%) had injected (16 women did not answer). Injectors are largely confined to the under-35 age groups (80%). The median age of the group who had injected was 26 years, compared to 30 for the sample as a whole. There was no correlation between sexual identity and injecting drug use.

Fifteen of the 61 injectors (25%) had done sex work in the past six months, compared to 48 in the group as a whole (6%; nine women did not answer the question about sex work and 24 did not answer about injecting). Whatever assumptions are made about women who did not answer the questions, sex work and injecting are significantly related ($p < 0.001$).

Thirty-one women of the 61 had injected in the company of a lesbian, 22 with a gay or bi man, 20 with a heterosexual man and 11 with a bisexual woman. Of the 22 women who had injected drugs with a gay/bi man, six had also had sex with a gay/bi man, so there is some correlation between sexual and drug-using behaviour with gay or bisexual men in the past six months ($p < 0.001$).

Of the 61 injectors, 23 reported that they had shared any injecting equipment in the past six months. All sharers indicated at least one category of person with whom they had shared; five had shared with a gay or bisexual man.

HIV, STDs and hepatitis C

A majority (513; 66%) of the women had been tested for HIV. This is a high rate of testing among women, though testing was less common, and the last test less recent, than among gay men in the Periodic Survey at the same time (NCHSR 2001, pp. 24–25); half of the women who had been tested were last tested over a year ago. Eight women (1%), one of whom was a trannie, reported that they were HIV-positive; four of them had injected drugs in the past six months. Three of the eight were lesbians, one bisexual, two heterosexual and two 'other'; four had had sex with a gay/bi man more than six months ago, none recently and four never. The expected number on the basis of the prevalence of HIV infection in women in New South Wales (about 1 in 4000; NCHECR 1998b) would be less than a quarter ($p < 0.001$).

Fifty-five women (7.1%) said they had had a sexually transmissible disease (STD) in the past six months; 31 did not answer the question. Most (37) did not state what STD they had, but among those who did, the most commonly named STD was herpes (11). An additional 11 women named an STD after responding 'no' to the question about the last six months; perhaps they had had an STD more than six months ago, or did not regard the disorder they named (four thrush, three warts) as an STD. Of the 34 women who answered 'yes' to the separate question, 'Have you ever had genital herpes?', 13 said they had not had an STD in the past six months (37 did not respond).

Over 44% of the women (346) reported that they had been tested for hepatitis C, of whom 39 (5% of the total sample) said they were positive. Twenty-three (59%) of the positive women had injected drugs in the past six months.

Discussion

As a survey of women in social contact with gay men, this study was extremely successful, as 96% of respondents had at least a little social contact with gay men. The questionnaire was

completed by 774 women, of whom 20 were transgender. The majority (77%) were aged between 20 and 40 years, 59% lived in inner or eastern Sydney, and they were better educated than the New South Wales population in general. In these ways they were roughly similar to the men responding to the Sydney Gay Community Periodic Survey at the same time, 71% of whom lived in inner or eastern Sydney.

It is impossible to be certain that the respondents to this survey are a representative sample of the somewhat fuzzy category 'women in contact with Sydney's gay and lesbian community'. Such a group cannot be identified and then randomly selected for study. The women recruited at the Gay and Lesbian Mardi Gras Fair Day or the social events differed from those recruited at clinics and community groups, who are more likely to include people with health problems or special needs. Thus this study gives a more balanced picture of women in contact with the gay and lesbian community in general than would a study based only on recruitment through clinics and community groups.

The sample was more highly educated than one would expect of a random sample of Sydney women of the same ages. This may be because less well educated women attending the recruitment venues avoid filling in the forms, because less well educated women are less likely to come to identify as lesbian or bisexual or to associate with gay men, because less well educated lesbians and bisexual women are less likely to be in contact with the inner city gay community, or because lesbian (or bisexual) women are more likely to continue their education. An even more striking education effect is apparent in all surveys of Sydney's gay men, for a similar range of possible reasons. It is important for HIV/AIDS prevention programme planners to remember that campaigns aimed at the visible and organized gay and lesbian community will miss gay men and lesbians moving in less trendy, middle-class settings.

In terms of sexual orientation, 65% identified as lesbian/homosexual, 13% as bisexual and 17% as heterosexual/straight; 5% identified as 'other' or gave no answer. Behaviour, i.e. gender of partners (ever or in the past six months), though highly correlated, did not coincide exactly with identity. For example, 18% of the heterosexual women reported ever having had sex with a woman, and 66% of the lesbians reported ever having had sex with a man. Identifying oneself as heterosexual, bisexual or lesbian is a complex and multifaceted process that does not correlate in a direct or simple manner with sexual practice. Women's sexual behaviour and how they identify themselves may change over the years. This is illustrated by the many lesbians who have had sex with men in the past but do not do so now. For people who assume that sexual behaviour and identity are usually congruent and fixed for life, this kind of response would be puzzling. These findings mirror those found in an earlier study of homosexually active men not associated with the gay community (Hood *et al.*, 1994) and confirm that this distinction between behaviour and identity is not gender-specific.

There were more bisexuals and fewer lesbians in the youngest age group. This may be because bisexuality as a stated orientation is a developmental one that women move away from, or it may be that social pressure to adopt a lesbian rather than a bisexual, queer or fluid queer or fluid identity has been heavier, or has had longer to operate, for the older age cohorts. There were also more heterosexual younger women in the sample.

One stereotype—that lesbians have fewer partners than gay men—is borne out by the results. Of 405 women (52% of the total) who were in a relationship with another woman, only 46 (11%; 6% of the total) said they currently also have casual sex. This percentage is much lower than among the men in the Sydney Gay Community Periodic Survey, among whom only 20% were in a relationship with one regular male partner only; 40% of men had one or more regular partners and also had sex with casual partners, an arrangement which was rare among the women.

A major concern motivating this research was the possible HIV risk to women whose male sexual partners are also having sex with men. Although more of the heterosexual than bisexual women had recently had sex with heterosexual men (74% versus 54%), bisexual women were three times as likely as heterosexual women to have recently had sex with gay or bisexual men (25% versus 8%). As the prevalence of HIV is much higher among gay and bisexual men than heterosexual men (around 85% of HIV diagnoses in Australian men are attributed to male-to-male sexual contact), this difference in partner choice compounds the risk that bisexual women incur when they have sex with men (or indeed when they share injecting equipment with their friends). Similarly, in the USA, Ompad *et al.* (2000) found that women identifying as bisexual among a group of young female injecting drug users were three times more likely to be HIV-positive than the lesbian or heterosexual women. When programme providers consider how to provide services to reach these women, they may find bisexual groups and websites useful, as well as settings such as the community events and venues where we recruited the questionnaire sample.

Twenty-five women (3% of the total group) had had unprotected vaginal or anal intercourse with a gay or bisexual man. This is a reassuringly small proportion of the whole group, but it is still worrying that these women appear to be depending on their male partners' safe practice with other men for their own protection, even though some of the partners were casual, and not all regular partners had clear agreements about safe sex outside the relationship.

How many gay or bi men have sex with women? Among 2,200 men in the Sydney Gay Community Periodic Survey conducted at the same time as this survey, 124 (5.6%) had had vaginal or anal intercourse with one or more women in the past six months. In terms of sexual identity, 92% of the 2,200 respondents considered themselves gay, 6% bisexual, 1% heterosexual and 1% 'other'. Two per cent of the gay men and 48% of the bisexual, heterosexual or 'other' men had had sex with a woman. This means that about a third of the men who had had sex with a woman identified as gay. As these men had to have had sex with a man in the past five years to be eligible for inclusion in the Periodic Survey, but any woman could respond to this survey, the men's and women's figures are not directly comparable. However, as about three-quarters of the men and women were recruited at the Gay and Lesbian Mardi Gras Fair Day and other mixed social venues, they are clearly moving in related social circles.

Injecting drug use in the past six months (8% overall, and 5% among the Fair Day respondents) was several times higher in this group than in the Australian population in general (Commonwealth Department of Health and Family Services, 1995), but slightly lower ($p < 0.05$) than the level of 12% found among gay men interviewed in a Sydney cohort study in the first half of 1998 (Knox *et al.*, 1998). Women who had done sex work were more likely than others to have injected drugs. Recreational drug use and injecting drug use are issues of concern for the gay and lesbian community.

Two-thirds of the respondents to this survey were lesbians. Lesbians have been entirely ignored as a 'risk group' in HIV policy discourse in Australia, although there has been a small amount of HIV/AIDS prevention work with lesbians, aimed both at injecting drug users and at possible sexual transmission. Many epidemiologists would argue that even this is more than is warranted (or perhaps that the prevention work has been extremely effective), as there have been no documented cases of woman-to-woman sexual transmission of HIV in Australia and only a handful reported in the world (Kennedy *et al.*, 1995). But 'minimal risk from sex between women' is not the same as 'minimal risk for women identifying as lesbians'. Most people select sexual partners from their social networks (Laumann *et al.*, 1994), and the same is true of drug use (Neaigus *et al.*, 1994). Behaviour such as sex with women should not be seen as a discrete individual activity but rather as embedded in a social setting. This point is

made by Friedman *et al.* (1998; 1999), who argue that methodological individualism in research into drug users has led to a failure to realize that lesbians—conceptualized simplistically as ‘women who have sex with women’ (such sex being in itself a low-risk activity for HIV transmission)—could be at greater HIV risk than other women. Other US researchers have made the same point (Chu *et al.*, 1992; Marmor *et al.*, 1998; Young *et al.*, 2000).

Naturally it would not be a good thing if people who had previously thought of lesbians as at low or no risk from HIV changed their view to regard *all* lesbians as at higher risk than other women. Since early in the epidemic, AIDS Councils and other HIV prevention workers have argued that it was not being a member of a perceived risk group (such as gay men) that put a person at risk, but rather the person's behaviour. For example, a gay man is not at risk simply by being a gay man, if neither he nor his partner has sex with anyone else, or if he is celibate. And a man who identifies as heterosexual is not protected by that identity if he has sex with gay men who are part of a community in which infection rates are high.

The conclusion to be drawn, therefore, is that educators, health care practitioners and policy makers need to distinguish between sexual identity and sexual behaviour and not assume one from the other. Correlation is not the same as equivalence. There are two issues raised that could be considered by epidemiologists who compile national statistics. To help people avoid making the unnoticed slip from ‘gay or lesbian’ to ‘exclusively homosexually active’, it would be better if HIV and AIDS statistics were presented so as not to confuse these two categories, i.e. using the neutral terms ‘men’ and ‘women’ rather than the terms ‘homosexual’, ‘bisexual’ and ‘heterosexual’, which are commonly used to refer to sexual identity or orientation. At the moment in Australia, if a lesbian were to contract HIV from a gay male sexual partner, the diagnosis would be recorded in the category ‘heterosexual contact’ (NCHECR, 1999), a phrase that is misread by many as meaning ‘sexual contact between heterosexuals’. However, it is important to remember that for a case of ‘heterosexual’ transmission of HIV to occur, neither party need be heterosexual.

A separate question, which is of practical concern to women who identify as lesbian or have sex with women, is the prevalence of HIV infection among women they may choose as sexual partners. We cannot tell whether lesbians and bisexual women in Australia in fact have a higher rate of HIV infection than other women, because official HIV diagnosis reports do not record sexual identity/orientation.

In prevention activities (as distinct from clinical care), individual notions such as sexual identity are less relevant. It may be more useful to conceive of women and men as being part of particular ‘cultures of health’—associated with bars and dance parties, with large community events, with other mixed social venues, or with clinics. This might then move attention away from individuals and their identities to social practices in context. The focus on individual responses is a drawback of the questionnaire method of research; ethnographic work is needed to tease out the patterns of practice (for example, the connection between injecting drug use and sex with gay men) in social context.

Conclusion

Our results confirm that even among women in contact with the gay and lesbian community, sexual identity and behaviour do not always coincide. When women in this social milieu have sex with men, those men are more likely than men Australia-wide to be sexually active with other men. Policy makers and practitioners need to be aware that neither lesbians nor women in general are automatically at low HIV risk. A minority of women are at risk of HIV through unsafe sex with men, or injecting drug use, or both.

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